

2020 INFQ



JUNIOR STATE CHAMPIONSHIPS Team Nomination Form

Conditions of Nominating a Team

This Form is to be completed in full and submitted by the team manager to the INFQ Member Centre. This form is not to be accepted by the INFQ Member Centre unless payment of \$550 has been made in full to the centre.

8's & Under – 12's & Under

Saturday 19th September & Sunday 20th September 2020

Ipswich Indoor Sports Centre

10's & Under – 14's & Under Girls 16 & Under Mixed

Monday 21st, Tuesday 22nd & Wednesday 23rd September 2020

Ipswich Indoor Sports Centre

14 & Under Mixed – 16 & Under Girls

Friday 2nd, Saturday 3rd & Sunday 4th October 2020

Strathpine Indoor Sports Centre

Please return this form along with your \$550 payment on or before

TUESDAY 11th AUGUST 2020

TO ANY INFQ MEMBER CENTRE



Age Grade:	
Team Name:	
INFQ Member Centre	
TEAM MANAGERS INFORMATION:	
Christian Name:	Surname:
	(PLEASE PRINT CLEARLY)
Suburb:	Post Code:
Mobile:	Alt Phone:
E-mail:	
	AGER & CENTRE CHECK LIST – Inc Tournament Checklist
Paid \$550 to Ind	oor Sports Centre – (Nominations Will Not Be Accepted Without Payment)
☐ Filled in all informa	ation above (No Blank Spaces Please)
	confirmed with manager the correct dates and venue for the nominating team grade?
Tournament Checklis	t:
□ Manager must atte	end "Managers Meeting" at the required time – (will be on the front page of the draw)
□ Manager <u>MUST</u> ha	ave photo ID for every player readily available at all times and must be produced if asked
 Photo ID for all 12 	's, 14's & 16's, (Student ID is preferred)
 Birth Certificate / F 	Passport for 8's & 10's is acceptable
 If ID cannot be pro 	duced, then player will take no further part in tournament until ID is presented to T/Director
□ HAND IN AT MANA	
 Filled in Team Sheet – (signatures only for players standing for state) Players STANDING FOR A STATE TEAM: (12's, 14's, 16 Girls & 16 Mixed <u>ONLY</u>): 	
•	st be handed in, by you the Manager, directly after the managers meeting:
	inations will be accepted – NO Exceptions
	rent/guardian must have completed in full the "STANDING for STATE" form Both pages are to be completed in full
	nding for a state team must also have the "Parent Indemnity Form" filled in & signed
☐ Must be made aw	vare of INFQ Media Policy (including Parents) – INFQ website – www.infq.com.au
MANACED'S SIGI	NATIDE: /to confirm all information has been discussed with INFO Centre and all maning paid)
WANAGER 5 SIGI	NATURE: (to confirm all information has been discussed with INFQ Centre and all monies paid)
	DATE:
	INFQ Member Centre ONLY:
NETBALL	Nom Form entered in Google Docs: INDOOR NETBALL FEBRUATION OF

Name of Centre Staff Member:

